

Nurse's perception on nursing care in the in recovery room postanesthe

Madeira, Maria Zélia de Araújo; Costa, Cecília Passos Vaz da; Sousa, Lara Emanueli Neiva de; Batista, Odinéa Maria Amorim; Vieira, Chrystiany Plácido de Brito; Trabasso, Plínio

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Madeira, M. Z. d. A., Costa, C. P. V. d., Sousa, L. E. N. d., Batista, O. M. A., Vieira, C. P. d. B., & Trabasso, P. (2013). Nurse's perception on nursing care in the in recovery room postanesthe. *Revista de Pesquisa: Cuidado é Fundamental Online*, 5(6), 104-114. <https://doi.org/10.9789/2175-5361.2013.v5i6.104-114>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>



RESEARCH

Nurse's perception on nursing care in the in recovery room postanesthe

Percepção dos enfermeiros sobre o cuidado de enfermagem na sala de recuperação pós-anestésica

Percepción de enfermeras sobre cuidados de enfermería en la sala de recuperación postanestésica

Maria Zélia de Araújo Madeira¹; Cecília Passos Vaz da Costa²; Lara Emanuelli Neiva de Sousa³; Odinéa Maria Amorim Batista⁴; Chrystiany Plácido de Brito Vieira⁵; Plínio Trabasso⁶

ABSTRACT

Objective To describe the perception of nurses on the nursing care provided to the patient and analyze how the care provided in the post-anesthetic recovery influences the clinical-surgical patient's condition. **Methods:** This is a descriptive study conducted with 07 nurses working in the post-anesthetic recovery room of an urgency and emergency hospital in the municipality of Teresina-Piauí. It was carried out by means of semi-structured interviews, in the months of March and April 2012. **Results:** It revealed 3 categories: perception of nurses about the care in the post-anesthetic recovery; practices of intensive care in the post-anesthetic recovery and nursing care and patient safety. **Conclusion:** It is concluded that nursing care is perceived as important and which influence the recovery and surgical safety of the patient, in addition, it shows the existence of practices of intensive care, but such practices are expressed by technical actions and routine. **Descriptors:** Nursing in the recovery room, Nursing care, Social perception,

RESUMO

Objetivo: Descrever a percepção dos enfermeiros sobre o cuidado de enfermagem prestado ao paciente, e analisar como o cuidado prestado na sala de recuperação pós-anestésica influencia no quadro clínico-cirúrgico do paciente. **Métodos:** Trata-se de uma pesquisa descritiva realizada junto a 07 enfermeiros que atuam na sala de recuperação pós-anestésica de um hospital de urgência e emergência do município de Teresina-Piauí, realizado por meio de entrevista semi-estruturada, nos meses de março e abril de 2012. **Resultados:** Evidenciou-se 3 categorias: percepção dos enfermeiros sobre o cuidado na sala de recuperação pós-anestésica; práticas de cuidados intensivos na sala de recuperação pós-anestésica e cuidado de enfermagem e a segurança do paciente. **Conclusão:** Conclui-se que o cuidado de enfermagem é percebido como importante e que influencia na recuperação e na segurança cirúrgica do paciente, além disso, evidencia-se a existência de práticas de cuidados intensivos, porém tais práticas são expressas por ações técnicas e rotineiras. **Descritores:** Enfermagem em sala de recuperação. Cuidados de enfermagem. Percepção social.

RESUMEN

Objetivo: Describir la percepción de las enfermeras de la atención de enfermería prestada a los pacientes, y para analizar la forma en la atención recibida en la unidad de cuidados post- anestesia influye en la condición del paciente y clínica quirúrgica. **Métodos:** Se trata de un estudio descriptivo de 07 enfermeras que trabajan en la unidad de cuidados post- anestesia de un hospital urgencia y emergencia de la ciudad de Teresina, Piauí, realizado a través de entrevistas semi-estructuradas en los meses de marzo y abril de 2012. **Resultados:** Se presentó 3 categorías: la percepción de las enfermeras sobre el cuidado en la sala de recuperación postanestésica, las prácticas de cuidados intensivos en la sala de recuperación post-anestesia y cuidados de enfermería y la seguridad del paciente. **Conclusión:** Se concluye que la atención de enfermería se percibe como importante y que influye en la recuperación y la seguridad del paciente quirúrgico, además, se hace evidente que la práctica de cuidados intensivos, pero este tipo de prácticas son expresadas por las acciones técnicas y rutinarias. **Descriptor:** Enfermagem em sala de recuperação. Cuidados de enfermagem. Percepção social.

¹ Nurse Hospital Getúlio Vargas, Doctoral student in Medical Sciences at the State University of Campinas (UNICAMP), Master's in education from UFPI, Professor, Department of Nursing, Federal University of Piauí (UFPI) and the University Center UNINOVAFAP. Teresina-Pi, Email: zeliamaideira15@yahoo.com.br
² Master's Degree Student in the Nursing Graduate Program at UFPI, Teresina-PI,
³ Master's Degree Student in the Nursing Graduate Program at UFPI, Teresina-PI,
⁴ Master's in Nursing, Professor of the Department of Nursing at UFPI, Teresina-PI,
⁵ Master's in Nursing, Professor of the Department of Nursing at UFPI, Teresina-PI,
⁶ Post Doctorate Degree in molecular Biology, PhD in Clinical Medicine from State University of Campinas, infectious disease physician and professor of the department of clinical medicine at UNICAMP. Sao Paulo-SP.
J. res.: fundam. care. online 2013. dec. 5(6):104-114

INTRODUCTION

Nursing is a globally recognized profession by its care. The care includes performing technical procedures coupled with attitudes consistent with humanistic principles of respect, responsibility and dignity. The great challenge of this profession for this century is to insist on the practice of care to the human being as a basic premise, as a form of professional development.

Within the conceptions of researchers on the subject,¹ perioperative nursing should be based on a systematic process and planned with a series of integrated steps. Perioperative is an umbrella term that incorporates the three phases of the surgical experience: pre-operative (before surgery), trans-operative (during surgery) and postoperative (after surgery).

Corroborating this question, other researchers on the topic² divide the perioperative period in: pre-operative period, it is understood from the decision-making of the surgical intervention until the moment that the patient is received in the surgical center (CC); perioperative period, which starts when the patient is admitted in the CC until forwarded to the Post Anesthetic Recovery (PAR); and immediate postoperative period, which extends from the admission in the Post-Anesthetic Recuperation Unit (PACU) until the first 24 hours after surgery.

According to the Ministry of Health, the Collegiate Board Resolution, CBR, no. 307 November 14, 2002, the PACU belongs to the physical plant of CC and therefore must possess the same architectural characteristics related to floor, walls and electrical installations. Must have at least two beds with 0.8 m distance between the bed and the wall, except the distance between the headboard and the wall, which should be 0.6 m, J. res.: fundam. care. online 2013. dec. 5(6):104-114

Nurse's perception on nursing care... with room to maneuver at the foot of the bed, and the number of beds must be equal to the number of operating rooms plus one.³

The surgical intervention is an affection that involves risk of death for the patient due to anesthetic-surgical aggression. In order to prevent these complications and meets them promptly, it is necessary that the patient remain in a specific unit, that is, in the PACU, until there is recovery of consciousness, standardization of reflexes and of vital signs, under observation and constant care of the nursing team.⁴

Thus, the care is an action planned, deliberate or voluntary resulting from the perception of nurses, observation and analysis of the behavior, situation or condition of the individual based on scientific knowledge, experience, intuition and critical thinking performed for and with the patient care in order to promote, maintain or restore human dignity.⁵

Nursing care of the client in the perioperative period requires the nurse who operates in the PACU an integral vision and continued the basic needs of the patient that were affected. This vision allows us to help the patient to meet and to re-balance their needs, prepares them for the understanding of their problems and psychobiological, psychosocial and psycho-spiritual as well as minimizing their anxieties.⁶

Based on these facts, the following questions are relevant: what is the perception of nurses about the nursing care provided to patients in the PACU? Nursing care performed in the PACU (immediate postoperative period) can contribute to the patient's safety? To answer the questions, the following objectives were set: to describe the nurses' perception of nursing care provided to patients in PAR and analyze how the nursing care provided in the PACU influences the clinical-surgical patient's condition.

METHODOLOGY

This is a descriptive study with a qualitative approach, with 07 nurses as the subjects. They work in the PACU in a specialized hospital in emergency services and emergency of the municipality of Teresina - PI.

For the selection of subjects of research the following inclusion criteria were adopted: the nurse should act in the hospital institution in statutory regime, because the researchers understand that the nurse with statutory scheme of work have greater familiarity with the dynamics of the service and to accept to participate in the research by expressing-if by signing the free and informed consent term.

And the criterion for exclusion are listed out that the professional acted in character substituting another professional, because this, the temporary condition of service, tend to have less experience with the dynamics of the service, was also excluded professional who was on vacation or leave during the data production period.

Data collection was carried out in the months of March and April 2012 by means of the technique of the semi-structured interview, guided by a script consisting of two parts, namely: part I, which aimed to profile the nurse, and part II, which consisted of open-ended questions that aimed to understand the perception of the respondents. The speeches of the subjects were recorded and then transcribed with organization and classification of reports being submitted to Bardin's content analysis.⁷

From the content analysis emerged three analytical categories that were named as follows: perception of nurses about the care in the PACU; J. res.: fundam. care. online 2013. dec. 5(6):104-114

Nurse's perception on nursing care... practices of intensive care in the PACU; nursing care and patient safety.

It is worth pointing out that the research followed the ethical precepts of Brazilian legislation that involves the implementation of scientific research with human beings, under resolution 196/96. Thus, the search was initiated after being approved by the Ethics Committee of the Federal University of Piauí with CAAE 0477.0.045.000-11 and authorized by the Research Ethics Committee of the hospital with protocol number 25.

RESULTS AND DISCUSSION

Characterization of the research subjects

The study participants were female; this demonstrates that the Brazilian nursing continues being a profession practiced predominantly by women, a fact that has been occurring over the course of its history. They range between the ages 26 and 30 years. This evidences a strong presence of young adults in full operation and professional force.

As For the time elapsed between the end of the graduate program in Nursing and the moment of the interview three nurses had between 0 to 5 years of training three had between 5 and 10 years of training and a had more than 10 years of training.

With respect to the maximum professional titration study revealed that, all the interviewees had specialization. Thus, this information shows that the participants are anxious to acquire new knowledge as a way of complementing the acquired in undergraduate studies and to offer a better quality service.

Madeira MZA, Costa CPV, Sousa LEN *et al.*

To complete the characterization of the subjects that constitute this study, it was examined whether the time working in PACU, on this occasion it can be seen that four nurses had a period between 1 to 3 years and three subjects presented a time greater than 3 years of work in that sector.

Analytical Categories

Perception of nurses regarding the care in the PACU

This category sought to show and discuss how nurses perceive the nursing care provided in the PACU. During the analysis process, it was found that nursing care is perceived by interviewees as important and that influence in the recovery of patients undergoing anesthesia and surgical procedure, as in the following testimonies:

I understand that nursing care should be well evidenced because it is very important, I try to do the patient assessment several times in the first hour after surgery so that implementation of the nursing care and care that is effective. (Deponent 1)

[...] nursing care greatly influences the complete recovery of the patient without complications or damage process, it is clear that the success of a post-operative conditions also depends on the patient's health, age and other factors, but the nursing care when well done and executed as needed by the patient, and helps in recovery from surgery plus gives professional satisfaction. (Deponent 3)

Nurse's perception on nursing care...

[...] nursing care in the recovery room is very important because when the patient has an altered consciousness level or when observing the patient deteriorating and will call the physician or a support, with nursing care and already makes all the difference, provides the patient improves to the point of reversing the patient's condition. I see that our care is important and worth it. (Deponent 7)

In his speech the deponent 1 it is inferred that the nursing care of the surgical patient are important, especially in the first hour after surgery and such care should be effective. Therefore, it is evident the relevance of executed care to individuals subjected to a surgical anesthetic procedure.

Upon analyzing the speech of deponent 3 it notes that several factors interfere with the success of the post-operative period, but the same emphasizes that the implementation of nursing care according to the needs of the client influence in a significant way in the recovery process of the individual undergoing the surgery.

Deponent 7 highlights in their speech the effectiveness of nursing care in the recovery process of the surgical patient. Therefore, it is perceived that the care provided by nursing staff to patient profile that becomes key enabling an improvement in the clinical and surgical condition. The PAR period is judged critical and the nursing care should be fundamental and guided in the development of nursing activities already planned since the departure of the patient from the operating room until the time of their discharge from the PACU. In this case, the observation must be constant until the vital functions are fully stabilized.⁸

In this perspective, when the patient is transferred from the surgery room for the post-

Madeira MZA, Costa CPV, Sousa LEN *et al.*
anesthetic recovery unit, this time that the same
can present several peculiarities in clinical and
surgical, configures a period quite delicate, which
requires a qualified assistance and of excellence on
the part of the medical and nursing team.⁹

Nursing care becomes essential in the PACU,
at a time that the patient is in need of specialized
care, directed not only to the pathophysiological
problems, but also to the psychosocial issues that
are intimately linked to physical illness. The
essence of nursing in intensive care is not in
environments or in special equipment, but in the
decision-making process, based on solid
understanding of physiological and psychological
conditions of the patient.¹⁰

Nevertheless, it was realized that in
addition to the nursing care being pointed out as
important for the recovery of the patient, such
care does not occur as recommended by the
literature due to various factors among them:
Overcrowding of the sector, lack of equipment and
bureaucracies.

*[...] The care that I see is
necessary only that there are
some flaws, but in general I think
that the patients are well
received, may not be well
accompanied sometimes by
overcrowding in the industry and
by lack of equipment, thus of
good quality, but are well
received if they are not well
monitored, but are released with
total certainty of their clinical
condition. (Deponent 2)*

*[...] I perceive nursing care, is
that it does not really happen as
the books teach, I understand
[...] because we have a high
demand, so sometimes ends up
holding the bureaucratic part
because when the patient arrives
in the recovery has an admission
to be made in the book, then
have a great number of patients
and often the care provided is not
as good as it should be, but*

J. res.: fundam. care. online 2013. dec. 5(6):104-114

*Nurse's perception on nursing care...
overall I try to do everything
possible so that the patient has
no complaints and is always
monitored and try to do my best.
(6 Deponent)*

However, despite the factors mentioned,
the speeches also show that the patient is released
from the recovery room only with a stabilized
clinical condition.

The reality evidenced in this study can also
be visualized by study of a group of researchers
from the thematic,¹¹ which revealed that the
demand for bureaucratic activities and
administrative action is intense in units closed, and
therefore end up requiring significant time from
the nurse. For this reason, the same seem to be
away from direct care to the patient, prioritizing
the provision of materials and equipment for the
above-mentioned unit.

Thus, it is emphasized that the issue of
planning, forecasting, provision of materials,
standardization of procedures, documentation are
important, but should be considered with the
intrinsic competence of the nurse in caring.
Therefore, it is worth mentioning that the nurse
should perform management functions so that the
interventional side will happen in its fullness.¹²

Intensive care practices in the PACU

During the analysis and construction process
this analytical category it was found that the care
developed in the PACU is classified as meticulous,
which is intensive, but that restricts the technical
and mechanistic actions.

*[...] as the patient arrives at a
open door hospital, we have to
receive the patient, only that the
times there is no availability in*

Madeira MZA, Costa CPV, Sousa LEN *et al.*

the ICU and the patient ends up staying in the recovery room waiting for improvement or the space in the ICU is needed by semi-intensive care [...] and here we have to provide nursing care such as: bath in bed, monitor, put on mechanical ventilation, administer medications, check vital signs and even the observation of the post-anesthetized patients. (Deponent 2)

Nursing care in the recovery room is very thorough. The recovery room here provides health care to patients in the immediate postoperative period and patients who did not so much in the immediate postoperative period, but that on account of not having space in the ICU, these patients are here for a few days and so we have to monitor the ventilator, see the extubation, the sanitization with the bed-bath, open the schedules and administer the medications, dressings, in addition to check vital signs, do the physical examination, the evolution of nursing [...](Deponent 5)

In the analysis of the speech of deponent 2 notes that the nursing care performed in the recovery room it configures itself as intensive due to the high demand of patients and the absence of vacancies in high complexity sectors. In this regard, the intensive care assumes a gown and happens in accordance with the reality of the hospital institution.

In this perspective, the speech of the deponent 5 reinforces that the nursing care in the PACU has a character quite specific and complex since the lack of vacancies in intensive care units makes the recovery room of an environment that provides high complexity care.

Despite being designed with intensive speech by the deponents 2 and 5 shows that care is

Nurse's perception on nursing care... expressed as the product of technical, routine actions.

Based on this perspective, care is not only restricted to a technical action in order to perform a procedure, but should encompass the sense of being, which must be expressed in the form of attitude, because it is relational.⁵

However, it is noted by testimony that the "sense of being" of care is discarded and not reported, once the care is reported as technician, mechanical and synonym of monitoring.

The exercise of care has an intrinsic ability to articulate knowledge, powers and decisions, but there is the risk of reducing even the development of techniques, as can be seen in CC in which the nursing team appropriates practices by failure in delimitation of their knowledges.¹²

In this line of thought, the speeches 3 of the interviewees and 4 confirm the complexity of nursing care performed in the recovery room, according to the statements below:

[...] the patient is monitored, we see oxygen saturation, there are patients on mechanical ventilation who need a closer care by the nurses, there is the bed bath, dressings, because the sickest patients who were not here to stay, and end up staying we even carry out ICU care [...](Deponent 3)

We count on patients staying there, but they need to ICU vacancy, but often they don't have vacancy at the time, so they end up staying in the room and need care such as a bath, oral hygiene, and all the that is done in the ICU and we don't have this vacancy, these patients receive such care there for 1 or 2 days, sometimes even more as needed. (Deponent 4)

Madeira MZA, Costa CPV, Sousa LEN *et al.*

In this context, theoretical¹³ reveal that the classification of the degree of dependence on nursing care in a post-anesthetic recovery unit is between intermediate and semi-intensive care, being the vital signs, locomotion, body care, nutrition and hydration and elimination the critical indicators of care with higher scores and who have contributed substantially to this classification.

The patients classified with intensive care requirements are of invasive hemodynamic monitoring, ventilator support, measurement of urinary output and drainages of probes and drains, among other activities.¹³

Through the speeches of the deponents above, it is observed that there are patients in the PACU that require intensive care and the indicators specified by the same that contribute to such classification are monitoring, ventilator support, vital signs and body care.

Upon applying the evaluation instrument for the nursing workload called Nursing Activities Score (NAS) in the PACU, it was concluded that despite the nursing care provided to patients in PAR and the patient in the ICU is different. It is possible to trace them among themselves due to the characteristics of nursing activities developed in the immediate post-operative period as surveillance of respiratory pattern and hemodynamic, level of consciousness, of positioning in bed, the verification of the conditions of catheters, drains, probes and dressings.¹³

In another approach on this issue, it has become apparent that the nursing workload per patient in the post-anesthetic recovery unit is influenced by the time of permanence of the patient and the size of the surgery. Knowledge of these factors by the nursing staff can direct the human and technological resources for the care of those patients who require intensive care.¹⁴

Nurse's perception on nursing care...

In addition to being reported as intensive, it can be inferred from the statements that the care practices are seen as actions, work activities performed in everyday life, in which the care is designed only as assistance and for this reason, the care practices are expressed by technical actions and routine.

Nursing Care and patient safety

In this category sought to consolidate the relationship between the nursing care performed in the PACU and surgical safety of the patient.

[...] we have received the patient and monitor, we fully appreciate the vital signs, and we evaluated the level of consciousness, to evaluate the sensitivity, drains, probes [...]. In the recovery room is precisely that, evaluate the patient in the immediate postoperative period by preventing and intervening in surgical complications as well as evaluate the recovery from anesthesia, this will depend on whether it is general, if it is a spinal anesthesia, or is blocking. Then we evaluate, for certain types of anesthesia the patient recovers quickly and we adapt the care to the type of anesthesia that the patient received. (Deponent 2)

[...] when the patient arrives, I identify the type of surgery that took place to learn the type of anesthesia that he was subjected, because from there the people will already be aware, we will predict how they will behave. We need to know the risks of an immediate post-operative period, being the main points: pain, bleeding, the patient may become depressed, low saturation, then everyone has to always keep an eye on them. Are administered analgesia, providing

Madeira MZA, Costa CPV, Sousa LEN *et al.*
comfort to the patient, identifying the risks of bleeding, e.g., multiple trauma patient often comes to the recovery room and was not well sorted out there makes a craniotomy or drainage a hematoma and is not evaluated the drain, or not looked for a possible internal bleeding, then the nurses have to remain monitoring them. (Deponent 6)

From the speech analysis of deponent 2 it is learned that the nursing care performed in the recovery room influences on patient safety, a time that these at the same time that prevent probable post-operative complications can help reverse the clinical condition of the patient affected by some surgical complication.

Deponent 6 emphasizes the importance of the nurse know the possible complications in the immediate postoperative period and act effectively. Thus, it is inferred that the conduct of this professional directly interferes in the surgical patient safety.

In this context, it is understood that the safety of the patient in the post-operative period depends on procedures and nursing interventions backed by practical knowledge and scientific and silting in behavior, attitudes and habits in insurance implementation of care, avoiding the occurrence of complications, which in most cases results from the high complexity inherent to anesthetic-surgical procedure.¹⁵

The deponents quoted above reveal the importance of a proper tracking based on scientific knowledge to prevent complications in the immediate post-operative period.

During the immediate postoperative period, the patient is at their maximum point of endocrine and metabolic changes, requiring a safe and effective evaluation. Such assessment is translated by scientific knowledge of nurses in relation to risk factors associated with the anesthetic-surgical
J. res.: fundam. care. online 2013. dec. 5(6):104-114

Nurse's perception on nursing care...
procedure and those associated to the actual patient.

[...] I am very careful, I appreciate the recovery from surgery, the dressing of the FO, to know the risk of bleeding, I observe the probe or drain, the circulatory and respiratory pattern, the risk of hypothermia, for which the post-operative period is free of complications and free of omissions on the part of the nursing team. (Deponent 1)

When a patient arrives, I appreciate very much for identifying which type of surgery they had and what anesthesia, because then I'll already know more or less how it will evolve and what types of complications they may have, in addition, I will assess the level of consciousness, see the responsiveness from him, the drain, the probe, the dressing. I look for in the patient some sign of complication or start it as pain, hypothermia, bleeding so that I can effectively act [...]. (Deponent 5)

In accordance with the anesthesia and the type of surgery, we will know how the patient will evolve, I as a nurse already note the level of consciousness, breathing, drains, surgical dressing, pupils, if they are reactive to painful stimuli, the verbal stimuli, for which the post-operative period is more secure with less complications. (Deponent 7)

The speeches of deponents 1, 5 and 7 reinforce the idea that the actuation of the nursing staff should be directed to prevent possible surgical complications such as also speak of safe and effective manner through complication that the patient can present in the immediate post-operative period.

In this perspective, the patient safety is part of the criteria to ensure quality in the care

Madeira MZA, Costa CPV, Sousa LEN *et al.* provided. Therefore, it is necessary to adopt measures aimed at the reduction of errors and adverse events in health care services, especially in places such as surgical center, which conducts misleading, can have disastrous consequences.¹⁶

Such assertion is convergent when taking as a basis the statements quoted above, in which the interviewees reveal the concern with the safety of surgical patients in PAR with the objective of making the post-operative period and more secure with less acts of omissions on the part of the nursing team.

In the PAR period, a nursing evaluation is performed to highlight, the patient's vital signs, type of surgery and anesthesia, complications, existing conditions of dressing, presence of drains and losses.¹⁷ Such aspects are reported by interviewees as relevant and the observance of the same influence on surgical patient safety.

Upon exposures made, showing that such behaviors are performed by interviewees 1, 2, 5, 6 and 7 reaffirming the concern of interviewees with the safety of the patient and the consequent success of the post-operative period.

CONCLUSION

Care is perceived by interviewees as important and that when well executed very great influence on the recovery of patients submitted to surgical anesthetic procedure. However, it reveals that the same does not occur as recommended by the literature due to several factors such as overcrowding, lack of sector equipment and bureaucracies.

However, despite these factors, the speeches show that the patient is released from the recovery room only with their clinical condition stabilized, J. res.: fundam. care. online 2013. dec. 5(6):104-114

Nurse's perception on nursing care... thus it can be inferred that this fact reveals the concern of nurses with patient safety. Thus, the care developed in the PACU is classified as meticulous and intensive, restricting itself to technical and mechanistic actions, often synonymous with monitoring.

It was observed by analysis of the content of the statements of interviewees who care practices are expressed by technical actions and routine and consequent less humane. This result awakens reflections from nurses about the value of practice for the care that it does not become silent and the deepening of personal, ethical and relational of care dimension / care.

Regarding patient safety, it was evident that the concern of nurses with the safety of surgical patient. It was pointed out in their speeches the surveillance of nursing staff to patients recovering from anesthesia and the surgical procedure with regard to the assessment of neurological status, the visualization of the dressings of incisions and drains, the realization of water balance, checking vital signs, among other behaviors that aims to make the postoperative safer.

REFERENCES

1. Smeltzer SC, Bare BG. Tratado de enfermagem médico-cirúrgica. 10. ed. Rio de Janeiro: Guanabara Koogan, 2009.

2. Castellanos BEP, Jouclas VM. Assistência de enfermagem perioperatória: um modelo conceitual. Rev. Esc. Enf. USP.1990 dez; 24(3):359-370.

3. Brasil. Agência Nacional de Vigilância Sanitária - ANVISA. Resolução de Diretoria Colegiada nº 307,

Madeira MZA, Costa CPV, Sousa LEN *et al.* de 14 de novembro de 2002. Altera a Resolução - RDC nº 50 de 21 de fevereiro de 2002, que dispõe sobre o Regulamento Técnico para planejamento, programação, elaboração e avaliação de projetos físicos de estabelecimentos assistenciais de saúde. Brasília, DF: Diário Oficial da União, 2002.

4. Reda E. Instrumento de registro utilizado na avaliação em sala de recuperação pós-anestésica: importância na continuidade da assistência ao paciente cirúrgico [dissertação de mestrado em enfermagem]. São Paulo: Escola de Enfermagem da Universidade de São Paulo. Departamento de Enfermagem, 2006.

5. Waldow VR. Cuidado humano: o resgate necessário. 3. ed. Porto Alegre: Sagra Luzzatto, 2001.

6. Campos SMCL, Ayres JÁ, Olbrich SRLR. Sistemática da assistência de enfermagem perioperatória - percepção de enfermeiros assistenciais. Rev SOBECC, São Paulo, 2000, out-dez. 5 (4): 21-25.

7. Bardin L. Análise de conteúdo. Edições 70, Lisboa; 2009.

8. Possari, J.F. Assistência de enfermagem na recuperação pós-anestésica (RPA). 3. ed. São Paulo: Ítalia, 2003.

9. Lima LB, Busin L. O cuidado humanizado sob a perspectiva de enfermeiras em unidade de recuperação pós-anestésica. Rev. Gaúcha Enferm. 2008 mar; 29(1):90-97.

10. Alexandre ILS. Humanização do atendimento de enfermagem na sala de recuperação pós-anestésica [especialização em condutas de enfermagem ao paciente crítico]. Criciúma:

J. res.: fundam. care. online 2013. dec. 5(6):104-114

Nurse's perception on nursing care...
Universidade do Extremo Sul Catarinense.
Departamento de Enfermagem, 2008.

11. Stumm EMF, Maçalai RT, Kirchner RM. Dificuldades enfrentadas por enfermeiros em um centro cirúrgico. Texto Contexto Enferm. 2006 jul-set; 15(3): 464-471.

12. Lara MR. Sistema de assistência de enfermagem no processo anestésico-cirúrgico: competências para atuação [dissertação mestrado em enfermagem]. São Paulo: Universidade de Guarulhos. Departamento de Enfermagem, 2010.

13. Lima LB. Nursing Activities escore para avaliação da carga de trabalho de enfermagem em unidade de recuperação pós-anestésica [dissertação de mestrado em enfermagem]. Rio Grande do Sul: Universidade Federal do Rio Grande do Sul. Departamento de Enfermagem, 2010.

14. Lima LB, Rabelo ER. Carga de trabalho de enfermagem em unidade de recuperação pós-anestésica. Acta Paul. Enferm. 2013; 26(2):116-122.

15. Silva DCP. Segurança do paciente no período pós-operatório imediato na sala de recuperação pós-anestésica [dissertação de mestrado em enfermagem]. São Paulo: Escola de Enfermagem da Universidade de São Paulo. Departamento de Enfermagem, 2008.

16. Schulmeister L. Patient misidentification in oncology care. Clin J Oncol Nurs. 2008 may;12(3):495-498.

17. Potter PA, Perry AG. Fundamentos de enfermagem: conceitos, processo e prática. 6. ed. Rio de Janeiro: Elsevier, 2006.

Received on: 06/02/2013

Required for review: no

Approved on: 25/10/2013

Published on: 27/12/2013